

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DX	78591	5/1
O.I.P.E. CLASSIFIER		43	5/3/00
FORMALITY REVIEW	CM	711632	6-29-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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2	9-24-03
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Claim	Date
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Claim	Date
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LAST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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